



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Arizona, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x every 2 years	
Fluoride treatments (including fluoride varnishes)	X			1 x every 2 years	fluoride treatment in the PCP office is not a covered service.
Sealants (list any tooth-specific limits)	X			1 x every 2 years	For members under age sixteen, dental sealants on all non-carious permanent first and second molars.
Space maintainers	X				Space maintainers when posterior primary teeth are lost permanently.



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X			1 x every 2 years	PCPs may refer EPSDT members for a dental assessment prior to 12 months of age if their oral health screening reveals potential carious lesions or other conditions requiring assessment and/or treatment by a dental professional.	1
X-Rays						
Bitewing	X				Radiology services which are screening in nature for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films as needed,	
Full Mouth	X				Radiology services which are screening in nature for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films as needed,	



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Panoramic	X				Radiology services which are screening in nature for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films as needed,	



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				All therapeutic dental services will be covered when they are considered medically necessary and cost effective but may be subject to PA by the MCO (AHCCCS Contractor.) Restoration of carious permanent and primary teeth with accepted dental materials other than cast or porcelain restorations unless the member is 18 through 20 years of age and has had endodontic treatment	
Tooth colored composite			X		All therapeutic dental services will be covered when they are considered medically necessary and cost effective but may be subject to PA by the MCO (AHCCCS Contractor.) Restoration of carious permanent and primary teeth with accepted dental materials other than cast or porcelain restorations unless the member is 18 through 20 years of age and has had endodontic treatment	



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Crowns/tooth caps						
Stainless steel crowns	X				Stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18 through 20 years old.	
Metal (only) crowns	X				Stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18 through 20 years old.	



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Metal/porcelain crowns	X				Stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18 through 20 years old.	
Porcelain (only) crowns	X				Stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18 through 20 years old.	



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Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				Endodontic services including pulp therapy for permanent and primary teeth, except third molars (unless a third molar is functioning in place of a missing molar).	
Root canals on permanent teeth	X				Endodontic services including pulp therapy for permanent and primary teeth, except third molars (unless a third molar is functioning in place of a missing molar).	
Gum (periodontal) therapy						
	X				Periodontal procedures, scaling/root planing, curettage, gingivectomy, and osseous surgery.	
Dentures						
Partial dentures	X				Removable dental prosthetics, including complete dentures and removable partial dentures. AHCCCS contracted MCO's may require PA.	



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Complete dentures	X				Removable dental prosthetics, including complete dentures and removable partial dentures. AHCCCS contracted MCO's may require PA.	
Bridges	X				Removable dental prosthetics, including complete dentures and removable partial dentures. AHCCCS contracted MCO's may require PA.	
Orthodontics*						
Retainers (orthodontic)		X			Orthodontic services and orthognathic surgery are covered only when these services are necessary to treat a handicapping malocclusion. AHCCCS Contractors may require PA. Services must be medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other. Orthodontic services are not covered when the primary purpose is cosmetic.	



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Braces		X			Orthodontic services and orthognathic surgery are covered only when these services are necessary to treat a handicapping malocclusion. AHCCCS Contractors may require PA. Services must be medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other. Orthodontic services are not covered when the primary purpose is cosmetic.	Examples of conditions that may require orthodontic treatment include the following:
Oral surgery						
Simple extractions	X				Extraction of symptomatic (including pain), infected and non-restorable primary and permanent teeth, as well as retained primary teeth (extractions are limited to teeth which are symptomatic). AHCCCS contracted MCO's may require PA.	
Surgical extractions	X				AHCCCS contracted MCO's may require PA.	
Care of abscesses	X				AHCCCS contracted MCO's may require PA.	
Cleft palate treatment	X				AHCCCS contracted MCO's may require PA.	



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Cancer treatment	X				AHCCCS contracted MCO's may require PA.	
Treatment of fractures	X				AHCCCS contracted MCO's may require PA.	
Biopsies	X				AHCCCS contracted MCO's may require PA.	
Treatment of jaw joint problems (TMJ)						
		X				
Emergency room services provided by a dentist						
	X					
Inpatient Hospital Services						
		X				



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Anesthesia						
General anesthesia		X			AHCCCS contracted MCO may require PA. AHCCCS contracted MCO's may require PA.	General anesthesia, conscious sedation or anxiolysis (minimal sedation, patients respond normally to verbal commands) when local anesthesia is contraindicated or when management of the patient requires it.



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Intravenous conscious sedation		X			AHCCCS covers conscious sedation for members receiving EPSDT services. AHCCCS contracted MCO's may require PA. AHCCCS contracted MCO's may require PA.	General anesthesia, conscious sedation or anxiolysis (minimal sedation, patients respond normally to verbal commands) when local anesthesia is contraindicated or when management of the patient requires it
Non-intravenous conscious sedation		X			AHCCCS covers conscious sedation for members receiving EPSDT services. AHCCCS contracted MCO's may require PA.	



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Analgesia (nitrous oxide)		X			AHCCCS covers conscious sedation for members receiving EPSDT services. AHCCCS contracted MCO's may require PA.	General anesthesia, conscious sedation or anxiolysis (minimal sedation, patients respond normally to verbal commands) when local anesthesia is contraindicated or when management of the patient requires it

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).